

Fill in this information to identify your case:

Debtor 1 First Name <b>Connect A Care Network LLC</b>	Middle Name Last Name 
Debtor 2 (Spouse, if filing) <b>Bennie R. Hearst Pettway</b>	Middle Name Last Name 
United States Bankruptcy Court for the: Eastern District of Pennsylvania	
Case number <b>23-13550-amc</b>	

**JAN - 2 2024**

**TIMOTHY McGRATH, CLERK**  
**DER CLERK**

Check if this is an amended filing



## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1: Dates Debtor 1 Debtor 2:  
lived there

Same as Debtor 1

From 11/01/2019 To 03/10/2021  
140 Schoolview Lane  
Number Street

Same as Debtor 1

From 08/08/2018 To 06/13/2023  
12 Pleasant Valley Road  
Number Street

Oxford PA 19363  
City State ZIP Code

Same as Debtor 1

From 08/11/2023 To 01/01/2024  
12 Pleasant Valley Road  
Number Street

Oxford PA 19363  
City State ZIP Code

Philadelphia PA 19126  
City State ZIP Code

From 06/14/2023 To 10/10/2023  
Ephrata PA 17522  
City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1 Connect A Care Network LLC  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Case number (if known) 23-13550-amc

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

Yes

No

Yes. Fill in the details.

Debtor 1

Debtor 2

Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<b>For last calendar year:</b>			
(January 1 to December 31, <u>YYYY</u> )			
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
<b>For the calendar year before that:</b>			
(January 1 to December 31, <u>YYYY</u> )			
<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____	<input type="checkbox"/> Wages, commissions, bonuses, tips	\$ _____
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1

Debtor 2

Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
<b>For last calendar year:</b>			
(January 1 to December 31, <u>YYYY</u> )			
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
<b>For the calendar year before that:</b>			
(January 1 to December 31, <u>YYYY</u> )			
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

Debtor 1 Connect A Care Network LLC  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Case number (if known) 23-13550-amc

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
------------------	-------------------	----------------------	-------------------------

Creditor's Name \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  Mortgage

Number Street \_\_\_\_\_  Car

\_\_\_\_\_  Credit card

\_\_\_\_\_  Loan repayment

\_\_\_\_\_  Suppliers or vendors

Other \_\_\_\_\_  Mortgage  
 Car  
 Credit card  
 Loan repayment  
 Suppliers or vendors  
 Other \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  Mortgage  
 Creditor's Name \_\_\_\_\_  Car  
 Number Street \_\_\_\_\_  Credit card  
 \_\_\_\_\_  Loan repayment  
 \_\_\_\_\_  Suppliers or vendors  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  Other \_\_\_\_\_

Creditor's Name \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  Mortgage  
 Number Street \_\_\_\_\_  Car  
 \_\_\_\_\_  Credit card  
 \_\_\_\_\_  Loan repayment  
 \_\_\_\_\_  Suppliers or vendors  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  Other \_\_\_\_\_

Debtor 1 Connect A Care Network LLC  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) 23-13550-amc

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent; including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No  
 Yes. List all payments to an insider.

Dates of payment paid	Total amount owe	Amount you still owe	Reason for this payment
\$ _____	\$ _____	\$ _____	

Insider's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- No  
 Yes. List all payments that benefited an insider.

Dates of payment paid	Total amount owe	Amount you still owe	Reason for this payment
\$ _____	\$ _____	\$ _____	Include creditor's name

Insider's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Insider's Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Debtor 1 Connect A Care Network LLC  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Case number (if known) 23-13550-amc

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- No  
 Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <u>Foreclosure</u>	Mortgage Court Name <u>Phila Common Pleas</u> Number <u>1400 JFK Blvd</u> City <u>Philadelphia</u> State <u>PA</u> Zip Code <u>19107</u>	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>200801727</u>	Rents, Ejectment Court Name <u>Philia Common Pleas</u> Number <u>1400 JFK Blvd</u> City <u>Philadelphia</u> State <u>pa</u> Zip Code <u>19107</u>	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>230402868</u>		

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- No. Go to line 11.  
 Yes. Fill in the information below.

Number <u>201 East McBee Avenue</u> Street <u>Lima One Capital LLC</u> Creditor's Name <u>1542 Haines Street</u>	Describe the property Date <u>04/20/2023</u> Value of the property <u>\$ 213,400.00</u>
City <u>Philadelphia</u> State <u>PA</u> ZIP Code <u>29601</u>	Explain what happened <input type="checkbox"/> Property was repossessed. <input checked="" type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.
Number <u>Sheet</u> Creditor's Name _____	Describe the property Date _____ Value of the property _____ \$ _____
Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.	

**Debtor 1** **Connect A Care Network LLC**  
First Name Middle Name Last Name

Case number (if known) 23-13550-amc

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor's Name \_\_\_\_\_

Describe the action the creditor took

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Last 4 digits of account number: XXXX-\_\_\_\_\_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Yes

## **Part 5:** List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Yes Fill in the details for each gift

**Gifts with a total value of more than \$600 per person**

Describe the gifts

Dates you  
the gifts

10

Person to Whom You Gave the Gift \_\_\_\_\_

卷之三

**Gifts with a total value of more than \$600 per person**      **Describe the gifts**

Dates you gave the gifts	Value
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Person to whom You Gave the Gift

66

Number Street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Official Form 107

Debtor 1 **Connect A Care Network LLC**  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) 23-13550-amc

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____ _____			\$ _____
Number Street _____ _____ _____			\$ _____

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		09/13/2022	\$ <u>342,000.00</u>

Foreclosure Sheriff Sale None

#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No  
 Yes. Fill in the details.

Person Who Was Paid	Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment made
Rochelle Bilal _____ _____ _____	100 S. Broad Street Number Street _____ _____ _____	Revoked Power of Attorney with Fein, Such, Kahn and Shepard, P.C., Vincent DiMaiolo, Lima One Capital LLC, Jeff Tennyson, HOF I REO 5 Inc., Kevin Holliday, Philadelphia Sheriffs Office, Rochelle Bilal, and HOF 5 Trust - Mark Andrew Cronin; Refused to Cease and Desist and have committed Identity Theft, Anti-trust Violations. They have no authority and have continued to do what they are doing. (see Deed Fraud Report) - Redemption date violation.	09/13/2022	\$ <u>51,000.00</u>
Philadelphia PA 19110 City State Zip Code _____ _____ _____	Email or website address <b>HOF I REO 5 Inc</b> Person Who Made the Payment, if Not You _____ _____ _____			\$ _____

Debtor 1 Connect A Care Network LLC  
 First Name Middle Name Last Name

Case number (if known) 23-13550-amc

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

**Rochelle Bilal**  
 Person Who Was Paid  
**100 S. Broad Street**  
 Number Street  
 City State ZIP Code

Fraudulent Conveyance - Connect A Care Network LLC Never owned the property (see Deed Fraud Report) Illegal per Se Foreclosure Judgment. Flip n Fix Non-recourse Loan never received; Never applied for a Mortgage.

04/26/2019 \$ 217,000.00

Email or website address

**Lima One Capital LLC**  
 Person Who Made the Payment, if Not You

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid  
 Number Street  
 City State ZIP Code

\$ \_\_\_\_\_

\$ \_\_\_\_\_

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Person Who Received Transfer  
 Number Street

\_\_\_\_\_

City State ZIP Code  
 Person's relationship to you  
 Person Who Received Transfer  
 Number Street

\_\_\_\_\_

City State ZIP Code  
 Person's relationship to you  
 Person Who Received Transfer  
 Number Street

\_\_\_\_\_

Debtor 1 **Connect A Care Network LLC**  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Case number (if known) **23-13550-amc**

Statement of Financial Affairs for Individuals Filing for Bankruptcy

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No  
 Yes. Fill in the details.

Name of trust \_\_\_\_\_

Description and value of the property transferred

Date transfer was made

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No  
 Yes. Fill in the details.

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

\$ \_\_\_\_\_

Name of Financial Institution	XXXX— — — —	<input type="checkbox"/> Checking	_____
Number Street		<input type="checkbox"/> Savings	_____
City	State ZIP Code	<input type="checkbox"/> Money market	_____
		<input type="checkbox"/> Brokerage	_____
		<input type="checkbox"/> Other	_____

XXXX— — — —

Checking

Savings

Money market

Brokerage

Other

\_\_\_\_\_

\$ \_\_\_\_\_

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?  
 No  
 Yes

Name of Financial Institution

Name \_\_\_\_\_

Number Street

Number Street \_\_\_\_\_

City State ZIP Code

City State ZIP Code \_\_\_\_\_

Debtor 1 **Connect A Care Network LLC**  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Case number (if known) 23-13550-amc

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No  
 Yes. Fill in the details.

Name of Storage Facility _____	Name _____
Number Street _____	Number Street _____
City _____ State _____ ZIP Code _____	City State ZIP Code _____

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name _____	_____	\$ _____
Number Street _____	_____	_____
City _____ State _____ ZIP Code _____	_____	_____

Where is the property?

Describe the property

Value

Do you still have it?

- No  
 Yes

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

**Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

**Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

**Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

Governmental unit _____	Environmental law, if you know it _____	Date of notice _____
Name of site _____	Governmental unit _____	_____
Number Street _____	Number Street _____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1 **Connect A Care Network LLC**  
 First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Case number (if known) 23-13550-amc

25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

Name of site _____	Governmental unit _____	Environmental law, if you know it _____	Date of notice _____
Number _____ Street _____	Number _____ Street _____		
City _____ State _____ ZIP Code _____			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- Yes. Fill in the details.  
 No

Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending
_____	Number _____ Street _____	<input type="checkbox"/> On appeal
Case number _____	City _____ State _____ ZIP Code _____	<input type="checkbox"/> Concluded

**Part 14 Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name <u>Connect A Care Network LLC</u>	Describe the nature of the business <u>Health Care Management</u>	Employer Identification number Do not include Social Security number or ITIN. <u>EIN: 4 2 -3 2 6 6 3 9</u>
Number _____ Street _____ <u>1542 Halines Street</u>	Name of accountant or bookkeeper <u>Donald S. Bicking &amp; Associates</u>	Dates business existed <u>From 10/29/2013 To 01/01/2024</u>
City _____ State _____ ZIP Code _____ <u>Philadelphia PA 19126</u>	Describe the nature of the business <u>Employer Identification number Do not include Social Security number or ITIN.</u>	EIN: _____ - _____ - _____ - _____ - _____ <u>-----</u>
Business Name _____	Name of accountant or bookkeeper <u>-----</u>	Dates business existed <u>-----</u>
Number _____ Street _____	From _____ To _____	
City _____ State _____ ZIP Code _____		

Debtor 1

Connect A Care Network LLC

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) 23-13550-amc

Business Name _____	Employer Identification number Do not include Social Security number or ITIN.
Number Street _____	EIN: _____ - _____ - _____ - _____ - _____
Name of accountant or bookkeeper _____	
Dates business existed _____	
City _____	From _____ To _____
State _____	ZIP Code _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No  
 Yes. Fill in the details below.

Date issued \_\_\_\_\_

Name \_\_\_\_\_

MM / DD / YYYY \_\_\_\_\_

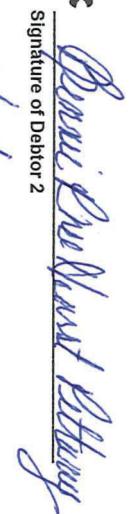
Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
 Signature of Debtor 1 Member

  
 Signature of Debtor 2

Date \_\_\_\_\_

Date 1/2/2024

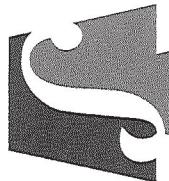
Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of person \_\_\_\_\_

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).



0013549903

Pennsylvania Department of State

-FILED-

Amendment #: 0013549903  
Date Filed: 8/11/2023

**CHANGE OF REGISTERED OFFICE**

Fee: \$5

**DSCB:15-1507/5507/8625/8825**

In compliance with the requirements of 15.Pa.C.S. § 1507 / 5507 / 8625 / 8825 (relating to change of registered office), the undersigned domestic corporation, limited liability company, limited partnership or limited liability limited partnership, desiring to effect a change of registered office, hereby states that:

Record Information

File number

Current name

Filing type

Current Registered Office or Commercial Registered Office Provider

Address

4919 Knox Street  
Philadelphia, PA 19144

Philadelphia

New Registered Office

The address of this association's proposed registered office in this Commonwealth is

BENNIE PETTWAY, OFFICE MANAGER  
1542 HAINES STREET  
PHILADELPHIA, PA 19126-2717

PHILADELPHIA

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned has caused this Statement or Certificate of Change of Registered Office to be signed by a duly authorized officer, general partner, member or manager.

power of Attorney

Noble Chief, Tiger D Raven-Melchiz El

08/11/2023

Signer's Capacity

Sign Here

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206

P.O. BOX 8722  
HARRISBURG, PA 17105-8722

[WWW.CORPORATIONS.STATE.PA.US/CORP](http://WWW.CORPORATIONS.STATE.PA.US/CORP)

Connect A Care Network LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT [WWW.CORPORATIONS.STATE.PA.US/CORP](http://WWW.CORPORATIONS.STATE.PA.US/CORP) OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4223880

BUREAU OF CORPORATION TAXES  
PO BOX 280705  
HARRISBURG PA 17128-0705



## NOTICE OF CORPORATE REGISTRATION

CONNECT A CARE NETWORK LLC  
4919 KNOX ST  
PHILADELPHIA PA 19144-3617

REVENUE ID: 1000734211  
FEIN: Not Available  
NOTICE NUMBER: BU1000366914  
MAIL DATE: 1/11/13/2013  
FISCAL YR END: 12/31  
INCORPORATION DATE: 10/29/2013

TAXES SUBJECT:

Corporate Net Income  
Loans  
Capital Stock

Entered 01/02/24 16:30:49  
Doc 33 Filed 01/02/24

Welcome to Pennsylvania's business community. The Department of Revenue has been advised that you are authorized to conduct business in Pennsylvania. The above Revenue ID number has been assigned to your business for tax reporting purposes. Please reference this number on all correspondence with the department.

Carefully review your name, address, and tax information above for accuracy. If no federal employer identification number (FEIN) is indicated, please provide this number to the department as soon as it is available from the federal government. Write the FEIN and other changes or additions in the top, right-hand corner above and return this letter to the PA DEPARTMENT OF REVENUE, PO BOX 280705, HARRISBURG PA 17128-0705.

### FILING REQUIREMENTS

The taxes you are required to report annually are identified above. Tax reports must be filed timely, even if there is no business activity or if the first year in business is less than 12 months. You are obligated to pay timely and file tax returns until you formally dissolve your corporate charter, file an out of existence affidavit or cancel a license or authorization. Failure to file and pay timely may result in penalties and liens. For information on tax due dates, visit the department's website at [www.revenue.state.pa.us](http://www.revenue.state.pa.us).

Pay particular attention to the month your fiscal year ends, identified above, for the following reasons:

- For capital stock/foreign franchise, corporate net income and mutual thrift taxes, the first quarterly estimated payments are due within 75 days following the incorporation/authority date.
- A federal subchapter S corporation desiring not to be taxed as a PA S corporation is required to file Form REV-976 on or before the due date or extended due date of the first tax period for which it is to be in effect. REV-976 is available at [www.revenue.state.pa.us](http://www.revenue.state.pa.us).

### SUBJECTIVITY TO CORPORATE TAXES FOR LIMITED LIABILITY COMPANIES AND BUSINESS TRUSTS

- According to Section 601 of the Tax Reform Code, limited liability companies and business trusts are considered corporations for purposes of capital stock/foreign franchise tax, regardless of how they file with the Internal Revenue Service (IRS).
- Under Section 401, any entity that files as a corporation with the IRS is subject to PA corporate net income tax. A limited liability company or business trust that does not file as a corporation with the IRS is not subject to the PA corporate net income tax.

### ELECTRONIC FILING

Payments of \$10,000 or more must be remitted electronically. Register online through the department's e-Services Center at [www.revenue.state.pa.us](http://www.revenue.state.pa.us) to send tax payments to the department online using e-TIDES.

The Department of Revenue appreciates your cooperation and wishes your business success in Pennsylvania. If you have any questions, visit the Online Customer Service Center at [www.revenue.state.pa.us](http://www.revenue.state.pa.us) or call the Taxpayer Service & Information Center at 717-787-1064.



PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

Certificate of Organization  
Domestic Limited Liability Company  
(15 Pa.C.S. § 8913)

Name <b>Rocket Lawyer</b>	Address <b>5668 E. 61st Street</b>	City <b>Commerce</b>	State <b>CA</b>	Zip Code <b>90040</b>
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Commonwealth of Pennsylvania

CERTIFICATE OF ORGANIZATION 3 Page(s)

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation):  
**Connect A Care Network LLC**

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street  
**4919 Knox Street**

City  
**Philadelphia**

State  
**PA**

Zip  
**19144**

County  
**PHILADELPHIA**

(b) Name of Commercial Registered Office Provider  
c/o:  
\_\_\_\_\_  
\_\_\_\_\_

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on page 2):

Name  
**yoochul chong**

Address  
**5668 E. 61st Street Commerce CA 90040**

Entity #: 4223880  
Date Filed: 10/29/2013  
Secretary of the Commonwealth  
Carol Alchiale

2013 OCT 29 PM 2:37  
PA DEPT OF STATE

STATEMENT OF DESIGNATION OF  
THE ORIGINAL MEMBERS  
OF

A(N) PENNSYLVANIA LIMITED LIABILITY COMPANY  
CONNECT A CARE NETWORK LLC  
A(N) PENNSYLVANIA LIMITED LIABILITY COMPANY

The undersigned, being the organizer of Connect A Care Network LLC, a(n) Pennsylvania limited liability company (the "Company"), and acting pursuant to the provisions of the applicable Pennsylvania law authorizing the organizer to elect the member(s) if the initial member(s) have not been named in the Articles of Organization (the "Articles"), hereby takes the following action and adopts the following resolutions:

APPOINTMENT OF INITIAL MEMBER(S)

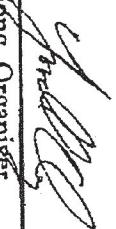
RESOLVED, that the following individuals be, and they hereby are, appointed as the members of the Company, effective as of the date hereof.

Bennie Pettway  
Cheyowne Pettway  
Roshani Pettway

RESIGNATION OF ORGANIZER

RESOLVED, that the undersigned, having appointed the initial member(s) of the Company, hereby resigns as the Organizer of the Company, effective as of the date hereof.

IN WITNESS WHEREOF, the undersigned has executed this Action by  
Organizer of the Company effective as of the 14<sup>th</sup> day of November 2013.

  
Yoochul Chong, Organizer

Signature: *Cheravne L. Pettway*  
Email: pchevowne@yahoo.com

Signature: *Bennie Pettway*  
Email: benniepettway@yahoo.com

DSCB:15-8913-2

4. *Strike out if inapplicable*:  
A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable*:  
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is:  
month date year hour, if any

7. *Strike out if inapplicable*: The company is a restricted professional company organized to render the following restricted professional services(s):

\_\_\_\_\_

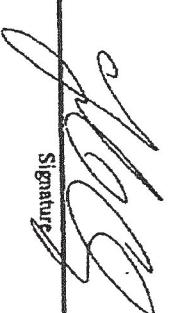
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this  
25 day of October, 2013.

  
Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

# IRONWOOD

## Funding Application

Fax to 361-245-5140 or Email to jarret@ironwoodfinance.com

CONTRACTING SECURITY & EQUIPMENT TRADING INC. ディベロピング・アーティスティック

800 N. Shoreline Blvd. Suite 2460, Corpus Christi, TX 78401 | (361) 384-4304

Please include last 4 months of Business Bank Statements and if applicable last 4 Merchant Processing Statements

### Business Information

Business Legal Name: <b>CONNECT A CARE NETWORK, LLC</b>	Business DBA: <b>THE CONNECTIONS GROUP, INC.</b>
Business Start Date: <b>JANUARY 2012</b>	State of Incorporation: <b>PA</b>
Federal Tax ID: <b>42366639</b>	Type of Entity: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Other
Physical Address (no PO Boxes) <b>7934 GERMANTOWN AVENUE</b>	
City: <b>PHILADELPHIA</b>	State: <b>PA</b>
Zip: <b>19118</b>	
Location Phone: <b>215-991-1719</b>	
Preferred Contact Phone: <b>267-978-3046</b>	
Business Fax: <b>NA-</b>	
<b>Business Cash Flow</b>	
Annual Business Revenue: \$ <b>1,008,000</b>	Average Daily Bank Balance: \$ <b>84,000</b>
Requested Loan Amount: \$ <b>100,000</b>	
Do You Process Credit Cards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name Of Processor:	
Monthly Volume:	

Entered 01/02/24 16:30:49

Desc Main

Page 19 of 26

Filed 01/02/24

Case 23-13550-amc

Doc 33

### Current Cash Advance Balance(s)

Company	Balance	S.S.#	Date of Birth:
1. NA-			Daily Payment
2.			
3.			

I hereby authorize the release of business and/or personal credit information to Ironwood Finance, its affiliates or assignees (1) from any source including credit bureau reporting agencies and my bank for the purpose of extending credit, (2) and to any credit reporting agency. Additionally I hereby authorize the release of my application without notice, to any other non-related potential lending sources for consideration of approval of credit. I hereby represent all information is true, correct and complete. A photo static and/or facsimile copy of this authorization shall be valid as the original.

*Brenna Fetterly 3/4/2019*

Owner Officer 1 Signature

Date

Owner Officer 2 Signature

Date



# Connect A Care Network LLC

## Resolution to File Chapter 11 Bankruptcy

WHEREAS, the Corporation is insolvent and unable to pay its debts as they mature, and WHEREAS, it would be in the best interests of creditors for the Limited Liability Company to file an involuntary petition under Chapter 11 of the Bankruptcy Code, it is:

RESOLVED, that the Limited Liability Company file as soon as practicable a bankruptcy in accordance with Chapter 11 of the Bankruptcy Code.

The undersigned hereby certifies that he/she is the duly elected and qualified Secretary and the custodian of the books and records and seal of Connect A Care Network LLC, a Limited Liability Company duly formed pursuant to the laws of the state of Pennsylvania and that the foregoing is a true record of a resolution duly adopted at a meeting of the Members and that said meeting was held in accordance with state law and the Bylaws of the above-named Limited Liability Company on December 3, 2023, and that said resolution is now in full force and effect without modification or rescission.

IN WITNESS WHEREOF, I have executed my name as Secretary and have hereunto affixed the seal of the above-named Limited Liability Company this Sunday, December 3, 2023.

  
Erika Johnson, Secretary

**Form 8879-S** **IRS e-file Signature Authorization for Form 1120S**

u Return completed Form 8879-S to ERO. (Don't send to IRS.)

OMB No. 1545-0123

Department of the Treasury

Internal Revenue Service

For calendar year 2018, or tax year beginning

**2018**

Name of corporation

Connect A Care Network

For calendar year 2018, or tax year beginning

, and ending

Employer identification number

46-3266639

<b>Part I Tax Return Information</b> (Whole dollars only)	
1 Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1 1,213,930
2 Gross profit (Form 1120S, line 3)	2 1,213,930
3 Ordinary business income (loss) (Form 1120S, line 21)	3 300,140
4 Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4 300,140
5 Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5 300,140

**Part II Declaration and Signature Authorization of Officer** (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2018 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Donald S. Bicking & Associates, PC** to enter my PIN **12345** as my signature

ERO firm name

Don't enter all zeros

As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2018 electronically filed income tax return.



Date

**09/16/19**

Title

**Owner**

**Doc 33 Document** Filed 01/02/24 Page 2 of 21

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**20919102267**

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-File Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

EROS signature u

**Aaron Belitsky**

Date

**09/16/19**

Title

**Owner**

**ERO Must Retain This Form — See Instructions**

**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form 8879-S (2018)

**pennsylvania**  
DEPARTMENT OF REVENUE  
**PA-8879P** (PT) 05-18 | **(PA-20SPA-65)** - Directory of Corporate Partners (PA-65 Corp) | **2018**

For calendar year 2018 or tax year beginning

ending

Name of Entity	City	State	ZIP Code	Revenue ID
<b>Connect A Care Network</b> 4919 Knox Street	Philadelphia	PA	19144	46-3266639

Name of Entity \_\_\_\_\_

Entity Address \_\_\_\_\_

Part I Tax Return Information. Enter whole dollars only.
1. Calculate Adjusted/Apportioned Net Business Income (Loss) (PA-20SPA-65, Part II, Line 2d)
2. Calculate Adjusted/Apportioned Net Business Income (Loss) (PA-20SPA-65, Part II, Line 2h)
3. Total Other PA PIT Income (Loss) (PA-20SPA-65, Part III, Line 9)
4. Total PA Income Tax Withheld (PA-20SPA-65, Part V, Line 14c)
5. Total Corporate Net Income Tax Withholding For All Nonfilings Corporate Partners For This Entity (PA-65 Corp, Line 4)
5.

**Part II Declaration and Signature Authorization of General Partner, Limited Liability Company Member, S Corporation Officer, Authorized Partner or Representative. Keep a copy of the entity's return.**

Under penalties of perjury, I declare I am a general partner, limited liability company member, S corporation officer, authorized partner or representative of the above entity and I have examined a copy of the entity's 2018 electronic return and accompanying schedules and statements. To the best of my knowledge and belief, all are true, correct and complete. I further declare the amounts in Part I above are the amounts shown on the copy of the entity's electronic return. I consent to allow my electronic return originator (ERO) and/or transmitter to send the entity's return to the PA Department of Revenue and receive from the PA Department of Revenue an acknowledgement of receipt of transmission and an indication of whether or not the entity's return is accepted, and, if rejected, the reason(s) for rejection of the transmission. If applicable, I authorize the PA Department of Revenue and its designated financial institution to initiate an electronic funds withdrawal from the account indicated in the tax preparation software for payment of the state withholding liability owed on this return, and I authorize the financial institution to debit the entry to this account. I understand that the federal Office of Foreign Assets Control has imposed additional reporting requirements on all electronic banking transactions that directly involve a financial institution outside of the territorial jurisdiction of the U.S. These transactions are called international ACH transactions (IAT). I understand that presently, the PA Department of Revenue does not support IAT ACH debit transactions. I certify that the transactions do not directly involve a financial institution outside of the territorial jurisdiction of the U.S., at any point in the process. To revoke a payment, I must contact the PA Department of Revenue by email to ra-achrevok@pa.gov or fax at 717-772-9310 no later than two business days prior to the debit date. I also authorize the financial institutions involved in the processing of the electronic payment of withholding to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If I have a balance-due return, I understand if the PA Department of Revenue does not receive full and timely payment of my withholding liability, I will remain liable for the withholding liability and all applicable interest and penalties. If I have filed a joint federal and state tax return and there is an error on my federal return, I understand my state return will be rejected. If my return is rejected or if any other delay in filing occurs, I understand I will remain liable for all applicable interest and penalties. I have selected a federal self-select PIN as my signature for the entity's electronic return and, if applicable, the entity's consent to electronic funds withdrawal.

**General partner, limited liability company member, S corporation officer, authorized partner or representative's federal self-select PIN. Check one box only.**

I authorize Donald S. Bicking & Associates, PC to enter my federal self-select PIN 12345 as my signature

Do not enter all zeros.

- As a general partner, limited liability company member, S corporation officer, authorized partner or representative of the entity, I will enter my federal self-select PIN as my signature on the entity's 2013 electronically filed return.

Authorized Signature Donald S. Bicking Date 09/16/19 Title Owner Social Security Number 046-54-8298  
Address 4919 Knox Street City Philadelphia State PA ZIP Code 19144

**Part III Certification and Authentication**

ERO's **EFIN/PIN**. Enter your six-digit e-File Identification Number followed by your five-digit federal self-selected PIN.

Do not enter all zeros.

I certify the above numeric entity is my federal self-selected PIN, which is my signature on the 2018 electronically filed return for the entity indicated above.  
I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.  
I certify that the financial institution for the withdrawal of funds is within the territorial jurisdiction of the U.S.

ERO's Signature \_\_\_\_\_

Date 09/16/1920919102267

Do not enter all zeros.

**DO NOT SUBMIT THIS FORM TO THE PA DEPARTMENT OF REVENUE UNLESS REQUESTED.**

The ERO must retain this form and supporting documents for three years.

<p><b>City of Philadelphia</b></p> <p><b>e-file Signature Authorization</b></p> <p><b>2018</b></p> <p>Do not send to the City of Philadelphia.</p> <p>This is not a tax return. Keep this form for your records.</p>	<p><b>City of</b></p> <p><b>Philadelphia</b></p> <p>LIFE • LIBERTY • AND YOU™</p>	<p>SSN/EIN</p>
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Connect A Care Network

Azerbaijan

**Philadelphia**  
LIFE • LIBERTY • AND YOUTH

**e-file Signature Authorization**

2018

**Part I Tax Return Information – Tax Year Ending December 31, 2018 (Whole Dollars Only)**

331/E

**1** Tax Due for the 2018 Business Income & Receipts

46-3266639

<b>Net Profits Tax</b>			
2	MANDATORY 2019 BIRT Estimated Payment (Form 2018 BIRT, Line 4)	2	18927
3	Total Due by 4/15/2019 (Line 3 plus Line 4)	3	37854

School Income Tax	Total Due by 4/15/2019 (Form 2018 NP-1, line 11)	NPT
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Original file by 4/18/2019 (Folio 111 2018 S1, Line 12)

other members of society. I believe that I have mentioned a

I the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information contained in this document is true, correct, and complete to the best of my knowledge and belief.

an acknowledgement of receipt and return of the transcript and the transcript for consideration by the Board of Education. The transcript will be returned to the City of Philadelphia and to receive from the City of Philadelphia

In view of the financial institution account indicated in the foregoing statement for payment of my City taxes and on this understanding, I acknowledge the City of Milwaukee as my agent to collect the amount due me.

the increasing of the electronic manner of taxon to handle confidential information concerned. In order to protect and monitor invasion, the initial institution to detect the entity to this account; I also authority the initial institutions involved by delegation or substituted text, and the initial institution to detect the entity to this account.

I am sending you my electronic funds withdrawal consent. I have checked the box indicating that the telephone confirmation number (my) below is my signature for my electronic tax return and if applicable, my electronic funds withdrawal consent.

BROWNSTEIN / THE POLITICAL ECONOMY OF THE BUDGET 11

ת. 13245

I will enter my PIN number directly onto the electronic signature line on my tax year 2018 electronically filed tax return.

卷之三

THE JOURNAL OF CLIMATE

**Practitioner PIN Method Returns Only — continue below**

Part III Certification and Authentication—Practitioner PIN Method Only

RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

<b>Practitioner PIN Method Returns Only — continue below</b>	
<b>Part III</b>	<b>Certification and Authentication—Practitioner PIN Method Only</b>
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	
<p>As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2018 electronically filed tax return for the taxpayer indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.</p> <div style="text-align: center; margin-top: 10px;"> <input type="text" value="20919102267"/> </div>	
Signature _____	
Date 09/16/19	

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature or the tax year 2018 electronically filed tax return for the taxpayer indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

EROS signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO must retain this form and the supporting documents for three years.  
DO NOT SUBMIT THIS FORM TO THE CITY OF PHILADELPHIA.**

**Donald S. Bicking & Associates, PC**  
**800 Kings Hwy N Suite 201**  
**Cherry Hill, NJ 08034-1917**  
**856-354-6110**

September 16, 2019

Connect A Care Network  
4919 Knox Street  
Philadelphia, PA 19144

Dear Ms Pettway:

Thank you for selecting Donald S. Bicking & Associates to assist you with your tax affairs. This letter confirms the terms of our engagement with you and the nature and extent of services we will provide.

We will prepare your 2018 federal and all state and local income tax returns you request using information you provide to us. We may ask for clarification of some items, but we will not audit or otherwise verify the data you submit. It is your responsibility to provide information required for preparation of complete and accurate returns. You should keep all documents, canceled checks, and other data that support your reported income and deductions. They may be necessary to prove accuracy and completeness of the returns to a taxing authority. You are responsible for the returns, so you should review them carefully before you sign them.

Our work will not include any procedures to discover defalcations or other irregularities. The only accounting or analysis work we will do is that which is necessary for preparation of your income tax returns.

We must use our judgement in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. In order to avoid penalties, we will apply the "more likely than not" reliance standard to resolve such issues. You agree to honor our decisions regarding the need to make protective disclosures on your returns.

Penalties of as much as \$100,000 can be imposed on you for failing to disclose participation in "reportable transactions," that is, certain arrangement(s) the IRS has identified as potentially abusive. We will insist that all such transactions be properly disclosed.

Your returns may be selected for audit by a taxing authority. Any proposed adjustments are subject to appeal. In the event of a tax examination, we can arrange to be available to represent you. Such representation will be a separate engagement for which an engagement letter will be provided to you. Fees and expenses for defending the returns will be invoiced in accordance with terms we agree on for that engagement.

We will retain copies of records you supplied to us along with our work papers for your engagement for a period of seven years. After seven years, our work papers and engagement files will be destroyed. All of your original records will be returned to you at the end of this engagement. You should keep the original records in secure storage.

Our fee for preparation of your tax returns will be approximately \$ 1,445. . All invoices are due and payable upon presentation. Tax returns will not be electronically filed until the invoice is paid, and to the extent permitted by state law, an interest charge may be added to all accounts not paid within thirty (30) days. To the extent that we incur costs in collecting any sums due to us, you agree to be responsible for such costs, including reasonable attorneys' fees.

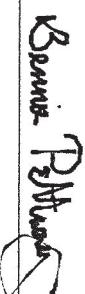
To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign below in the space indicated.

We appreciate your confidence in us. Please let us know if you have any questions.  
Sincerely,

Donald S. Bicking & Associates, PC

I/We authorize Donald S. Bicking & Associates, PC to use the information I/we provide to Donald S. Bicking & Associates, PC during the preparation of the tax returns and for use of Tax Information for the client relation of the office.

Accepted By (sign here):

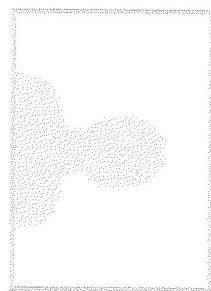


Date: September 16, 2019

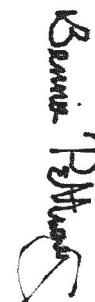
# Signature Certificate

Document Reference: MVSBZ5JT84NYTVWMMT5YND

 RightSignature  
Easy Online Document Signing



Bennie Pettway  
Party ID: ATMUXNJ7YK4CFXTN7Z9X4W  
IP Address: 174.200.1.47  
VERIFIED Email: benniepettway@yahoo.com



Multi Factor  
Digital Fingerprint Checksum: d3a55f184bcf71bb7583b80e004e0f8e9af9bf46

Multi Factor  
Digital Fingerprint Checksum

Audit

**Timestamp** Audit  
2019-09-16 13:35:55 -0700 All parties have signed document. Signed copies sent to: Bennie Pettway and Emily.  
2019-09-16 13:35:54 -0700 Document signed by Bennie Pettway (benniepettway@yahoo.com) with drawn signature. - 174.200.1.47  
2019-09-16 13:27:24 -0700 Document viewed by Bennie Pettway (benniepettway@yahoo.com). - 174.200.1.47  
2019-09-16 07:30:06 -0700 Document created by Emily (ehoffman@bickingscpa.com). - 199.87.165.66



This signature page provides a record of the online activity executing this contract.